



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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April 9, 2003

TO: Washington State Board of Health Members
FROM: Linda Lake, WSBOH Chair
RE: WEST NILE VIRUS PREPAREDNESS UPDATE

Summary

West Nile virus (WNV) is an emerging public health issue that we can expect to hear more about, especially with mosquito season approaching. WNV has been a major focus of planning efforts among the state Department of Health (DOH) and local health jurisdictions (LHJs). Discussions have focused on identification of resources, coordination of educational messages and pesticide applicators, and jurisdictional clarity regarding mosquito abatement activities.

Because several Board members asked to be kept current on WNV activities and because of DOH's central role in WNV planning and preparation, I have asked Bill White, DOH assistant secretary of Environmental Health Programs, to update the Board on WNV preparedness in Washington.

Board action recommended

No action recommended at this time.

Background

WNV is primarily spread by the bite of an infected mosquito. Mosquitoes acquire the virus by feeding on infected birds and can infect other animals, including birds, horses, and people. Humans generally do not serve as a disease reservoir. Most people who become infected with WNV have no symptoms or only mild symptoms, such as fever, headache, and body aches. On rare occasions, infection can result in a severe and sometimes fatal inflammation of the brain known as West Nile encephalitis. The risk of severe infection is higher among people who are 50 and older.

WNV, which has been steadily spreading across the United States, has reached Washington. The disease has been confirmed in a raven from Pend Oreille County, a crow from Snohomish County, and in two horses, one from Island County and the other from Whatcom County. Currently, there are no reports of human cases contracted in Washington.

WNV has been a major focus of planning efforts among state and local health departments (LHJs). Given the tightening of resources, some LHJs have stated that it will be a challenge for them to meet public expectations for information and mosquito control while maintaining existing public health functions. Discussions have focused on:

A. Identification of resources:

- DOH has received CDC funds to train and provide equipment for LHJs' mosquito surveillance. DOH has hired an additional staff to assist in coordination of statewide WNV activities.
- Snohomish Health District Board of Health approved spending an additional \$248,000 on WNV activities this year. Given the lack of resources for many LHJs, this type of local response would likely reduce other public health activities.
- Franklin County residents voted March 11 to establish a mosquito control district, but the levy that would have paid for the district's services failed.

B. Coordination of educational messages and pesticide applicators:

- DOH developed the November 2002 *Mosquito-borne Disease Response Plan*, other related publications, and a WNV web page with updated information and Web links (see <http://www.doh.wa.gov/ehp/ts/Zoo/WNV/WNV.html>).
- DOH staffs a statewide toll-free WNV public information line (1-866-78VIRUS).
- LHJs and DOH have produced WNV public information brochures, and are working together to improve the consistency of educational messages statewide.
- DOH applied for a general National Pollutant Discharge Elimination System (NPDES) permit, to facilitate local health jurisdictions' serving as coordinators of pesticide applicators in their jurisdiction.

C. Jurisdictional clarity regarding mosquito abatement activities (relevant RCW sections attached):

- The Board has general authority to adopt rules for the prevention and control of infectious and noninfectious diseases, including vector borne illness (RCW 43.20.050 (e)).
- Local health jurisdictions have general authority to "prevent, control or abate nuisances which are detrimental to the public health," and "control and prevent the spread of any dangerous, contagious or infectious diseases that may occur" within their jurisdiction (RCW 70.05.070).
- Mosquito Control Districts (MCDs), once established by a petition or resolution by county commissioners, have specific authority regarding mosquito control. MCDs may issue general obligation bonds and property tax levies, with the approval of three-fifths of voters (RCW 17.28.260). They also may "take all necessary or proper steps for the extermination of mosquitoes," including acquiring property, entering any property, and controlling mosquitoes on private property at the expense of the owner (RCW 17.28.160).
- DOH has specific authority regarding mosquito control. The secretary is required to coordinate plans for mosquito control work (RCW 70.22.030) and may abate as nuisances breeding places for mosquitoes, acquire property, make contracts, publish information, and do any and all other things necessary to establish a state-wide program for the control or elimination of mosquitoes as a health hazard (RCW 70.22.005 through 050). The secretary has authority to enter private lands to investigate public health threats (RCW 43.70.170).

The DOH secretary also has authority to act in the capacity of the local health officer when the local health officer fails to or is unable to exercise their authority, in an emergency when the public health demands it, or by agreement with the local health officer or local board of health (RCW 43.70.130(7)).

DOH and LHJ representatives have discussed questions about how the MCDs and DOH specific authority and the LHJ general authority interact to determine the agencies' different roles and responsibilities. Lack of clear authority is especially a concern in the case of possible contradictory public expectations regarding mosquito abatement on private lands.